

FILED
CHARLOTTE, NC

UNITED STATES DISTRICT COURT

DEC 10 2019

US DISTRICT COURT
WESTERN DISTRICT OF NC

for the

District of

Division

Lehayle M. Barker

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Mecklenburg County
Department of Social
Service

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

3:19-cv-672-RJC
(to be filled in by the Clerk's Office)

Jury Trial: (check one)

☒ Yes ☐ No

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Lehayle M. Barker
40 Ann Street Manhattan
NEW YORK ~~10038~~ NEW YORK
10038
201 702 4880
t/Shaw40Connor@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

14th Amendments Parents Rights
1st Amendment
Violation of Civil Rights

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Lekayle Booker, is a citizen of the
State of (name) Charlotte NC.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) _____, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Shelby N. Stewart Supervisor
~~Permanent Planning Social Worker~~
PERMANENT Planning Social Worker
720 East Fourth Street Suite 500
Charlotte NC Mecklenburg
28202 (980) 314-7399
cell 704-621-0272, 877-929-0709
Shelby.Stewart@mecklenburgcounty
NC.gov

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Jonathan Kelly Case Worker
Case Worker
720 East Fourth Street Suite 500
Charlotte NC Mecklenburg
28202
704-572-0034
Jonathan.kelley@mecklenburgcounty
nc.gov

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Lisa Chellie Hudson
Investigator
720 East Fourth Street Suite 500
Charlotte NC Mecklenburg
28202
704-572-0034

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

111. Statement of Claim

III. Statement of Claim: The actions that I am claiming has been caused as a whole of the said parties that are a part of the DEPARTMENT OF SOCIAL SERVICES:

Shelby Stewart: Refusal of: information of child's where about when indeed she had proper info such as emails and address and phone number and by chance if she was not able to get in contact with me by phone are address in which she was informed of updated info my email has never changed. 2017-2018

Refusal to allow mother to have a relationship with my son. 2015-2019

Refusal of facts and is still going off of fictitious reports of arrest of defrauding a taxi in which DEPARTMENT OF SOCIAL SERVICES has provided a letter as proof the taxi was paid that was provided threw medicade transportation 2015 -2019

Refusal to have contact with newly assigned case workers.2018-2019

Refusal to take in reasonable consideration of progress and efforts made to correct any allegations that was made against mother. 2015-2019

Refusal to supervise case appropriately pertaining to updated on making sure mother had stable housing in which dss did a home visit to make sure I had appropriate hosing. 2 home visits where made and not docented.2015-2019

Refusal of safety of my son while in care of DEPARTMENT AND SOCIAL SERVICES. 2015-2019

Refusal of accuracy of case of names of family members that does not exists. 2015-2019

Refusal to allow mothers son to be with biological family and to have reasonable contact to follow up with transfer of mothers son to bio family in Florida. 2015-2019

With holding progress from courts 2015-2019

Refusal of Rights of son of rights to his mother.2015-2019

Refusal to accommodation for disabled family.2015-2019

Removing mothers son from the state of North Carolina.2017-2019

Refusal to comply with court orders when the father of child was took from the case in 2016

Son being injured while in the care of Department of social services he was no supervised properly and tried to jumped out of a moving car to get back home to his mother.2015-2019

Son was injured in the four head and Department Of Social Services did not have the facts on how mother's son injured himself while in a group home.2017

Refusal of info to court about alleged incident dated 10/08/19 in Cumberland County.

Refusal of programs that son qualify for such as school and medical social activities

b. If the defendant is a corporation

The defendant, (name) Department of Social Services is incorporated under the laws of the State of (name) Charlotte NC, and has its principal place of business in the State of (name) Charlotte NC.
Or is incorporated under the laws of (foreign nation) United States, and has its principal place of business in (name) Charlotte NC.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

Because parent right violations under the law of the 1st and 14th Amendment. That caused an undue hardship a lost of enjoyment of life and due process violations

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Please see Attached Document

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

BE Cause of malicious intent 1st and 14th amendment
Due process violations of Frivolous and False
Intent to cause harm to Mother and son
The Claim of which I am pursuing
Is and has continued to cause
mentally and physical harm to myself
And my son I asking for the amount

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

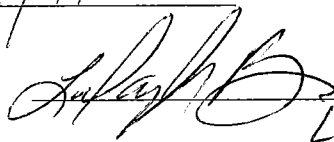
I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

12/6/19

Signature of Plaintiff

Printed Name of Plaintiff



Lekeyle Booker

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____